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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL DIVISIONAL

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			At	Attorney Docket No.			MTS-880US2			U.S.			
Address i	to: BROAV	EN 60 PE19	19900		First Named Inventor			Thiow Keng Tan			5		
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Box Patent Application Washington, DC 20231					Original Patent Issue Date (Month/Day/Year)			October 20, 1998			,		
					Express Mail Label No. EL711312238US					BUS			
APPLICATION FOR REISSUE OF: (check applicable box) Utility P						Patent Design Patent Plant Patent							
APPLICATION ELEMENTS						ACCOMPANYING APPLICATION PARTS							
Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)					7. X Foreign Priority Claim (35 U.S.C. 119) (if applicable)								
2. X	2. X Specification and Claims (amended, if appropriate)						8. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
3. X	Drawing(s) (prop	9.	9. English Translation of Reissue Oath/Declaration										
	4. Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)						(if applicable) * Small Entity Statement filed in prior application, Statement(s) Status still proper and desired						
_	(PTO/SRM0_12) Status Still proper and								,	'			
	PTO/SB/53 or F		O.I .N. 9 1.11	"	<u></u>		•		MPEP 50:	3)	ı		
	Ribboned	Original Patent Gran	t	12.	X		be specific			-7			
		Declaration of Loss (PTO/SB/55)	13.		Other:	••••••••	•••••••	••••••	***************************************			
6. Original	U.S. Patent curre	ently assigned?		į			•••••	••••••••	••••••	•••••••			
(If Yes, ci	heck applicable box								••••••				
	Written Consent o	of all Assignees (PTO	/SB/53 or 54)						D BE ENTITLE				
X 37 C.F.R. § 3.73(b) Statement X Power of Attorney SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37.C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37.C.F.R. § 1.28).									ı				
		14. CO	RRESPOND	ENCE	ADD	RESS					彐		
14. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) The contract of the code label here is a contract to the code label here is a code													
Name	Allan Ratner Ratner & Prestia												
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City	City Valley Forge State PA			PA	A Zip Code 19482`								
Country			Telephone	610-40)7-07	700	ļ,	ах 6	10-407-0	701			
NAME	(Print/Type)	Allan Ratner			Regi	stration No.	(Attorney/Age	ent) 1	9,717	, /)		
Signatu	re	11/1	A				[ate	10/	7/01)	1		

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

MTS-880US2

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			Claims as File	ed - Part	1						
Claims in	_	Number Filed in Reissue Application		(3) Number Extra		Small Entity		Other than a Small Entity			
Patent	For					Rate	Fee		Rate	Fee	_
(A) 12	Total Claims (37 CFR 1.16(j))	(B)	4	0	=	x \$=		or	× \$_18=		0
(C) 6	Independent Claims (37 CFR 1.16(i))	(D)	1	0	=	x \$=			× \$ <u>80</u> =		0
		·	Basic	Fee (37	CFF	R 1.16(h))	\$			\$	710
	tal Filing	Fee		\$		OR	\$	710			
-		Clain	ns as Amend	ded - Part	2					•	
	(1) Claims Remainir	(2) ng Highest Nur Previous Paid Fo		nber Extra	Small Entity		Other than a Small			Entity	
	After Amendment		Previously Paid For		Claims Present		Fee		Rate		Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*=		x \$=			x \$=		
Independent	***		****					or			

Total Additional Fee

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

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Claims (37 CFR 1.16(i))

Please charge Deposit Account No.

_	A duplicate copy of this shee	is enclosed.
X		authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which overpayment to Deposit Account No. <u>18-0350</u> is enclosed.
X	A check in the amount of \$ _7	10.00 to cover the filing / additional fee is enclosed.
	/0/18/00 /Date/	Signature of Applicant, Attorney or Agent of Record Allan Ratner, Reg. No. 19,717 Typed or printed name

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^{**} If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

^{***} After any cancelation of claims

^{****} If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

^{***** &}quot;Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).